OMB	0651-0032

PATENT APPLICATION (37 CFR 1.63)

Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	018872.00168	
First Named Inventor		
COMPLE	TE IF KNOWN	
Application Number	10/575,559	
Filing Date	October 7, 2004	
Group Art Unit		
Examiner Name		

attached hereto.

As a below named inventor, I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Protective Helmet									
(Title of the Invention)									
the specification of which is attached hereto OR									
■ was filed on (MM/DD/YYYY) 10/07/2004 as United States Application Number or PCT Internation						ional			
Application Number	10/575,559	and	and was amended on (MM/DD/YYYY			(if applicable			pplicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application (Numbers)			Foreign F (MM/DD	iling Date D/YYYY)	Priority Not Claimed		Certified Copy Attached? YES NO		
PCT/GB04/04290	Great Britain	Great Britain		,	0		0 0 0		• •
□ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
						numbers a	l provisional are listed on a ata sheet PTC	a sup	plemental

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Parent Patent Number Numbe	between th	e filing date of the prior ap	plication and the	national or P	CT interna	itional filing da	te of this ap	pplication.	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number OR Registration number listed below Registration No. Name Registration No. Name Registration No. David L. Principe Additional C. Linihan 10 Lopinski Additional C. Linihan 10 Lopinski Agova C. Several Roberts Additional C. Coliverio Several Roberts Additional Coliverio Direct all correspondence to: Customer Number or Bar Code Label Direct all correspondence to: Customer Number or Bar Code Label Registration No. Name Ranjana Kadle Address Hodgson Russ LLP Address Hodgson Russ LLP Address Hodgson Russ LLP Address Hodgson Russ LLP Address Felson State New York ZIP 14203-2391 Apelition has been filed for this unsigned inventor Name la split als statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: OR Country United Kingdom Clivenship United Kingdom Mailing Address 60 Telscombe Way, Stopsley City Luton Bedfordshire Vinited Kingdom Vinited Kingdom Vinited Kingdom Vinited Kingdom	U.S. Parent Application or PCT Parent							Parent Patent Number	
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number	Number				(MM/DD/YYYY)			(if applicable)	
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number									
## Patent and Trademark Office connected therewith Customer Number OR	□ Additio	nal U.S. or PCT international	application number	s are listed on	a suppleme	ental priority data	sheet PTO/S	SB/02B attached hereto.	
Registered practitioner's name/registration number listed below Name Registration No. Name Registration No. Name Registration No.				gistered prac	titioner(s)	to prosecute thi	is application	on and to transact all business in	
Registered practitioner's name/registration number listed below Name Registration No. Name Registration No. Name Registration No. John M. Del Vecchio Ranjana Kadle Martin G. Limihan John D. Lopinski So,846 Rachel S. Watt Adolf B. George L. Snyder, Jr. Sn			iceted dierewith.						
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Martin G. Linihan 24,926 George L. Snyder, Jr. 37,729									
Solution									
Robert S. Pippenger Thomas E. Popek S9,008 S8,459 Edwin T. Bean, Jr.									
Thomas E. Popek S8,459 Edwin T. Bean, Jr. 16,639 □ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: □ Customer Number or Bar Code Label Customer Number or Bar Code Label 26712								The state of the s	
□ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence to: □ Customer Number or Bar Code Label Direct all correspondence address below									
Name Ranjana Kadle Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 City Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Peter Simon Peter Simon Or Surname Smith Inventor's Signature Signature Signature State Country United Kingdom Mailing Address 60 Telscombe Way, Stopsley City Luton Bedfordshire State ZIP Country Luton Bedfordshire ZIP LU2 8JW United Kingdom Valued Kingdom Country United Kingdom Country United Kingdom Country United Kingdom			named on supplemen	ntal Registered	Practition	er Information sh	eet PTO/SB/		
Name Ranjana Kadle Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 City Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Peter Simon Peter Simon Or Surname Smith Inventor's Signature Signature Signature State Country United Kingdom Mailing Address 60 Telscombe Way, Stopsley City Luton Bedfordshire State ZIP Country Luton Bedfordshire ZIP LU2 8JW United Kingdom Valued Kingdom Country United Kingdom Country United Kingdom Country United Kingdom	Direct all c	orrespondence to:	ustomer Number			7			
Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 City Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR:		1		26	26712 OR			spondence address below	
Address One M&T Plaza, Suite 2000 City Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Peter Simon Family Name or Surname Smith Inventor's Signature Residence: City State Country United Kingdom Mailing Address 60 Telscombe Way, Stopsley City State ZIP Country Luton Bedfordshire State ZIP Luton Hed Kingdom Luton Bedfordshire United Kingdom Country United Kingdom	Name	Ranjana Kadle						V	
City Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Peter Simon Family Name or Surname Smith Inventor's Signature Country Luton Bedfordshire State Country United Kingdom United Kingdom Mailing Address 60 Telscombe Way, Stopsley City Luton Bedfordshire State ZIP Luton Bedfordshire Luto State ZIP Luton Bedfordshire United Kingdom Luton Bedfordshire Luto State ZIP Luton Bedfordshire United Kingdom	Address	Hodgson Russ LLP							
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Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Peter Simon Residence: City Luton Bedfordshire State Country United Kingdom Mailing Address 60 Telscombe Way, Stopsley City Luton Bedfordshire State ZIP Country Luton Bedfordshire United Kingdom United Kingdom City Luton Bedfordshire United Kingdom Country United Kingdom	City	Buffalo		State	ate New York ZIP			14203-2391	
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CityStateZIPCountryLuton BedfordshireLU2 8JWUnited Kingdom	Mailing Address								
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	Luton Bedfordshire				1				
Additional inventors are being named on the one (1) supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.									

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 3

NAME OF SECOND INVENTOR:	☐ A petition has been filed for this unsigned inventor						
Given Name		Fa	Family Name				
(first and middle [if any]) Martin		or	Surname Gouldthor	ре			
Inventor's Signature		•		Date .11 (9 (66.			
Residence: City	State		Country	Citizenship			
Hertfordshire			United Kingdom	United Kingdom			
Mailing Address							
27 Parklands, Royston							
City	State		ZIP	Country			
Hertfordshire			SG8 9HL	United Kingdom			
Name of Additional Joint Inventor, if any:	Name of Additional Joint Inventor, if any:						
Given Name	Given Name F						
(first and middle [if any])	dle [if any])						
Inventor's				Date			
Signature							
Residence: City	State	Country		Citizenship			
Mailing Address			I,				
City	State		ZIP	Country			
Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name Fa			Family Name				
(first and middle [if any])			or Surname				
Inventor's Signature				Date			
Residence: City	State		Country	Citizenship			
Mailing Address							
City	State		ZIP	Country			